

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Michael Long

Transaction ID: 00316.E12227

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2010

Mailing Address P.O. Box 157

City State Zip Code  
Simsbury CT 06070-

Amount of Each Disbursement this Period

1100.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Henry Lord

Transaction ID: 00319.E12697

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Mailing Address 313 Audubon Court

City State Zip Code  
New Haven CT 06510-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Ioannis Loudaros

Transaction ID: 00319.E12698

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Mailing Address 21-02 21st Avenue

City State Zip Code  
Astoria NY 11102-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement  
Refund of Contribution Refund of Contrib  
Candidate Name

010  
Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3750.00

TOTAL This Period (last page this line number only) ▶